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JL

BRICK, BRICK AND ELMER, P.C.
ATTORNEYS AND COUNSELLORS AT LAW
91 TREMONT STREET
P. O. BOX 604

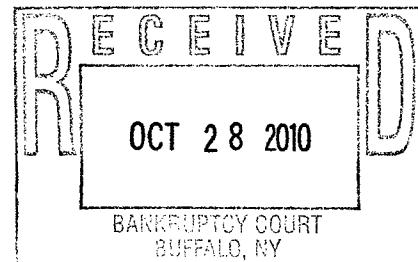
DANIEL EVANS BRICK
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ANTHONY W. BRICK, JR.
(1909-1991)
THOMAS R. ELMER
(1945-2004)

October 26, 2010

Paul R. Warren, Clerk of the Court
United States Bankruptcy Court, WDNY
Olympic Towers
300 Pearl St., Ste. 250
2nd Floor
Buffalo, New York 14202



Re: Dege, III, Henry W./Vicky A./Case # 06-01361 MJK
Request to Deposit Unclaimed Funds into the United State Treasury

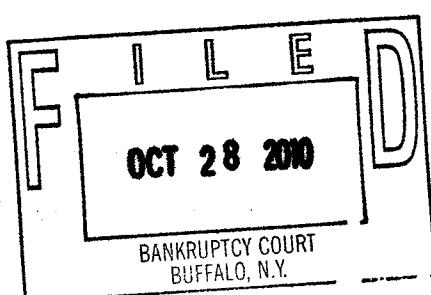
Dear Clerk of Court:

Enclosed please find my Trustee's check in the amount of \$1.53. I request that the Clerk of the Court deposit said funds, in the name of the creditors and in the amounts listed below, with the U.S. Treasury as "unclaimed funds."

I have made a diligent effort to locate the claimant(s) for said funds and have been unable to locate the claimant(s), or

The funds represent dividend payment(s) of less than \$5.00 to the affected creditor and are required to be treated as unclaimed funds by the Bankruptcy Rule 3010(a).

Claimant RJM Acquisitions Funding Amount \$1.53 Claims Register # 3



Daniel E. Brick, Trustee

DANIEL EVANS BRICK
KENDRA S. VERGASON
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THOMAS R. ELMER
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October 26, 2010

RJM Acquisitions Funding, LLC/Wells Fargo Bank
575 Underhill Blvd., Ste. 224
Syosset, NY 11791-

Re: DEGE, HENRY W., III
Case No.: 06-01361 MJK

Ladies and Gentlemen:

Enclosed please find a check in the amount of \$1.53 representing a Second Supplemental Distribution of your claim in the above listed bankruptcy case.

Thank you for your consideration.

Very truly yours,

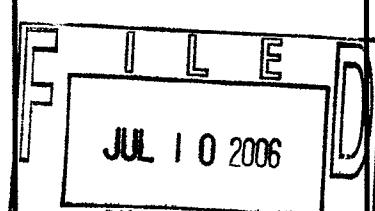
BRICK, BRICK & ELMER, P.C.

Daniel C. Brick/tm

Daniel E. Brick
Trustee

DEB:tac
Enclosure

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT <u>WESTERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM		
Name of Debtor HENRY W DEGE III AND VICKY A DEGE	Case Number 06-01361	<i>Buck</i> <i>#3</i>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property): RJM ACQUISITIONS FUNDING LLC. ASSIGNEE OF WELLS FARGO BANK	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Name and address where notices should be sent: RJM ACQUISITIONS FUNDING LLC 575 UNDERHILL BLVD STE 224 SYOSSET, NY 11791	THIS SPACE IS FOR COURT USE ONLY			
Telephone number: 800-541-0824				
Account or other number by which creditor identifies debtor: 4726361128479	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim	<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>CREDIT CARD PURCHASES LESS PAYMENTS</u>			
	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 8/1/95	3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 612.24	(unsecured)	(secured)	(priority)	612.24 (Total)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.				
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim.	7. Unsecured Priority Claim.			
<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____				
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.				
6. Unsecured Nonpriority Claim \$ 612.24				
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.				
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				
9. Supporting Documents: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				
Date 7/5/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>J. Graham</i>		
		EILEEN GRAHAM-ACCOUNT SPECIALIST SUPERVISOR		
THIS SPACE IS FOR COURT USE ONLY  JUL 10 2006 BANKRUPTCY COURT BUFFALO, N.Y.				